

# STATEMENTS OF POLICY

## Title 4—ADMINISTRATION

### PART II. EXECUTIVE BOARD

#### [4 PA. CODE CH. 9]

#### Reorganization of the Department of Education

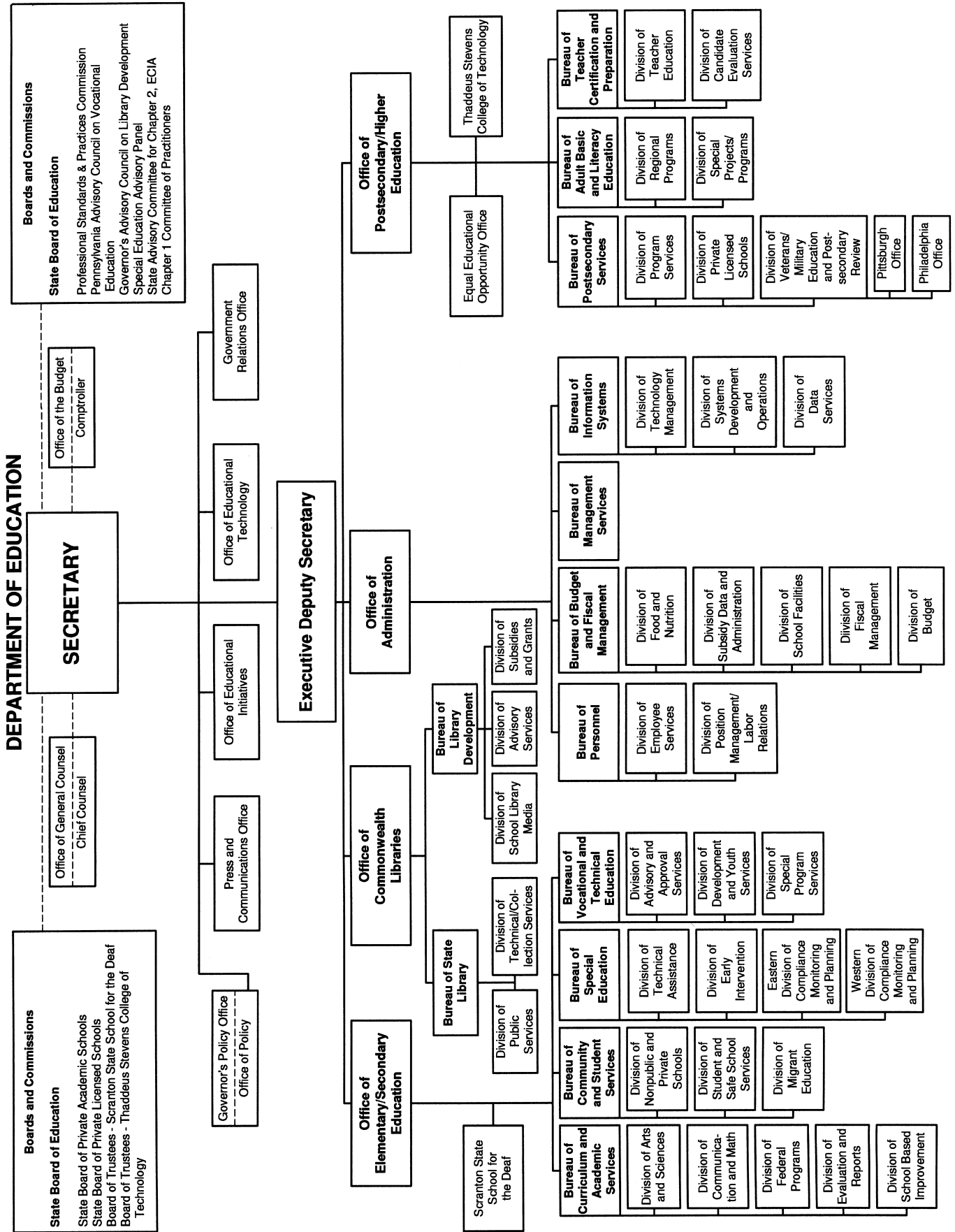
The Executive Board approved a reorganization of the Department of Education effective September 13, 1999.

The organization chart at 29 Pa.B. 5108 (October 2, 1999) is published at the request of the Joint Committee on Documents under 1 Pa. Code § 3.1(a)(9) (relating to contents of Code).

*(Editor's Note: The Joint Committee on Documents has found organization charts to be general and permanent in nature. This document meets the criteria of 45 Pa.C.S. § 702(7) as a document general and permanent in nature which shall be codified in the *Pennsylvania Code*.)*

[Pa.B. Doc. No. 99-1670. Filed for public inspection October 1, 1999, 9:00 a.m.]

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# Title 28—HEALTH AND SAFETY

## HEALTH CARE COST CONTAINMENT COUNCIL [28 PA. CODE CH. 911] Severity Methodology

The Health Care Cost Containment Council (Council), under the authority of section 5(b) of the Pennsylvania Health Care Cost Containment Act (35 P. S. § 449.5(b)), is submitting a statement of policy to amend §§ 911.1, 911.3 and 911.4 (relating to definitions; Council adoption of methodology; and adoption of data elements to be reported to the Council). The amendments remove specific reference to a particular methodology currently used by the Council to afford the Council flexibility in selecting an alternative methodology for measuring provider quality and provider service effectiveness.

### *Purpose*

The purpose of this statement of policy is to give the Council greater flexibility in responding to the marketplace. The amendments will enable the Council to change its vendor if the vendor fails to meet its contractual requirements.

### *Summary of Amendments*

The amendments remove specific reference to the MedisGroups methodology to afford the Council flexibility in selecting a methodology for measuring provider quality and provider service effectiveness.

### *Affected Parties*

All data sources in this Commonwealth are currently required to use the MedisGroups methodology.

### *Paperwork Requirements*

The amendments will not impose additional paperwork on the private sector, the general public or the Commonwealth and its political subdivisions.

### *Fiscal Impact*

The amendments will have no fiscal impact on the regulated community, the State or local governments.

### *Effective Date*

The amendments will be effective upon publication in the *Pennsylvania Bulletin*.

### *Sunset Date*

The Council continually monitors its statements of policy and regulations. Therefore, no sunset date has been assigned.

### *Contact Person*

For further information, contact Marc P. Volavka, Executive Director, Pennsylvania Health Care Cost Containment Council, 225 Market Street, Suite 400, Harrisburg, PA 17101, (717) 232-6787.

LEONARD BORESKI,  
*Chairperson*

*(Editor's Note: The regulations of the Council, 28 Pa. Code Chapter 911, are amended by amending a statement of policy at §§ 911.1, 911.3 and 911.4 to read as set forth in Annex A, with ellipses referring to the existing text of the policy statement. For a regulation relating to this statement of policy, see 29 Pa.B. 5094 (October 2, 1999)*

**Fiscal Note:** 100-15. No fiscal impact; (8) recommends adoption.

### Annex A

## TITLE 28. HEALTH AND SAFETY

### PART VI. HEALTH CARE COST CONTAINMENT COUNCIL

#### CHAPTER 911. DATA SUBMISSION AND COLLECTION

##### Subchapter A. STATEMENT OF POLICY

#### § 911.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*Major ambulatory service*—Surgical or medical procedures. The term includes, but is not limited to, diagnostic and therapeutic radiological procedures, commonly performed in hospitals or ambulatory service facilities, which are not of a type commonly performed or which cannot be safely performed in a physician's office and which require special facilities such as operating rooms or suites or special equipment such as fluoroscopic equipment or computed tomographic scanners, or a postprocedure recovery room or short-term convalescent room.

*Patient severity*—A measure of severity of illness as defined by the Council using appropriate clinical findings, such as physician examinations, radiology findings, laboratory findings and pathology findings or any other relevant clinical factors.

\* \* \* \* \*

#### § 911.3. Council adoption of methodology.

Under section 6(d) of the act (35 P. S. § 449.6(d)), the Council will adopt a methodology required to collect and report provider quality and provider service effectiveness. Periodically, the Council will review the methodology and, if a change is necessary, it will be made by majority vote of the Council at a public meeting. Notice of the change will be given to all appropriate data sources within 30 days and at least 180 days before the change is to be implemented.

#### § 911.4. Adoption of data elements to be reported to the Council.

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TABLE A

**PENNSYLVANIA UNIFORM CLAIMS AND BILLING  
FORM DATA ELEMENTS**

<i>Field</i>	<i>Data Element</i>	<i>Definition</i>
		* * * * *
20	Patient Discharge Status	The status of the patient at discharge.
21c	Unusual Occurrence	Infections acquired while in the hospital. Nosocomial infections are defined as those infections that are clinically manifested after 72 hours in the hospital, unless: <ol style="list-style-type: none"> <li>1. They are evident within 72 hours after admission and are related to a previous hospitalization;</li> <li>2. They are related to a hospital procedure performed within the first 72 hours.</li> </ol>
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[Pa.B. Doc. No. 99-1671. Filed for public inspection October 1, 1999, 9:00 a.m.]

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